



City of Rockville
Department of Recreation and Parks
240-314-8620

PRESCRIPTION MEDICATION FORM

All medication should be taken by children at home whenever possible. If it is necessary for a child to take medication during a camp, this form must be completed in full by the physician and signed by the parent or guardian. Please note that directions must be specific. All medication must be in the original prescription bottle. The parent must bring the medication and this completed form to the Camp and give them to the Director. **Do not send medication with your child. This form may be faxed to attn: Camp Supervisors 240-314-8659.**

Child's Name _____ Age _____

Camp Name _____

Date of Order _____ Date Order Expires _____

Reason for Medication _____

Name of Medication _____

Time to Give Medication _____ Frequency of Dosage _____

Possible Side Effects _____

Special Instructions _____

Physician's Signature _____ Date _____

Parent's or Guardian's Signature _____

Call 240-314-8620 to obtain a form for an Inhaler or Epi-Pen.
